

FILED MAR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 41					
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before (4. admission). a. STATE Missouri b. COUNTY Jackson							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City							
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State Penitentiary Hosp				d. STREET ADDRESS (If rural, give location) Not Known							
3. NAME OF DECEASED (Type or Print) George H Ellis			a. (First)		b. (Middle)		c. (Last)				
4. DATE OF DEATH Feb 16 1949			(Month)		(Day)		(Year)				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) not known		8. DATE OF BIRTH not known		9. AGE (In years, months, days, hours, min.) Unknown			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Convict				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Not Known		12. CITIZEN OF WHAT COUNTRY? Not Known			
13a. FATHER'S NAME Not Known				13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Not known				16. SOCIAL SECURITY NO. 492-14-7192		17. INFORMANT'S SIGNATURE OR NAME Missouri Penitentiary ADDRESS					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction, acute ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Peritonitis INTERVAL BETWEEN ONSET AND DEATH Unknown Unknown				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION									
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____							
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from _____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:07 A.M., from the causes and on the date stated above.											
23a. SIGNATURE J. Paul Leslie, M.D.		(Degree or title)		23b. ADDRESS Jefferson City, Mo.		23c. DATE SIGNED 2-19-49					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/19/49		24c. NAME OF CEMETERY OR CREMATORY Kirkville, Mo.		24d. LOCATION (City, town, or county) (State) Kirkville, Missouri					
DATE REC'D BY LOCAL REG. Feb 19-49		REGISTRAR'S SIGNATURE R.P. Davis, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS _____ Jefferson City, Mo.							

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9.
District File Number
MAR 3 1949
Date Filed

JUN 8 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.